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<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code 94111	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 12 Day 7 Year 2001	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

<b>CUSTOMER USE ONLY</b>	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X941211	<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void. Waiver of signature is requested. I wish delivery to be made without obtaining a signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location, I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> <b>NO DELIVERY</b> : <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

<b>FROM: (PLEASE PRINT)</b> PHONE 415 875 2300 FENWICK & WEST LLP 275 BATTERY ST STE 1500 SAN FRANCISCO CA 94111-3334 18602-06587 SLO 12/7/01	<b>TO: (PLEASE PRINT)</b> PHONE ( ) Box REISSUE Commissioner for Patents Washington, D.C. 20231
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